



State of Montana
DEPARTMENT OF CORRECTIONS
NOTICE OF RESCISSION

Policy/Procedure/Form Rescinded:

(Number)

(Title)

Replaced by Policy/Procedure/Form:

(If Applicable)

(Number)

(Title)

Effective Date of Rescission: _____

Reason for Rescission:

Director's Signature/Approval

Date Signed

Date

*****Insert this form with rescinded policy in
archived policy manual*****